

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|--|---|--------------------------|--|---|---|
| NAME OF FILER Marc Steinorth for Assembly 2016 | | | Date of This Filing 09/30/2016 | Date Stamp Page 1 of 3 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER () - | I.D. NUMBER (if applicable) 1373710 | | Report No. 16-104 | | |
| STREET ADDRESS | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Rancho Cucamonga | STATE CA | ZIP CODE 91701 | No. of Pages 3 | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 09/30/2016 | California Optometric PAC Sacramento, CA 95814 ID# 745825 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 |
| 09/30/2016 | California Restaurant Assoc PAC Sacramento, CA 95814 ID# 890231 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,200.00 |
| 09/30/2016 | Morongo Band of Mission Indians Banning, CA 92220 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,200.00 |

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

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| NAME OF FILER Marc Steinorth for Assembly 2016 | | | Date of This Filing <u>09/30/2016</u> | Date Stamp Page 2 of 3 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only |
| AREA CODE/PHONE NUMBER () - | I.D. NUMBER (if applicable) 1373710 | Report No. <u>16-104</u> | | | |
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Late Contribution(s) Received

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|---------------|--|---|---|-----------------|
| 09/30/2016 | Olsen for Assembly 2014 Modesto, CA 95350 ID# 1353676 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,700.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

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| STREET ADDRESS | | | | | |
| CITY Rancho Cucamonga | STATE CA | ZIP CODE 91701 | | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
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Reason for Amendment: